

Maturity requirements of Good Practices viable for scaling-up

6.2 Norrbotten, Sweden

6.2.1 First assessment (2016)

6.2.1.1 Care process for schizophrenia and schizophrenia-like state

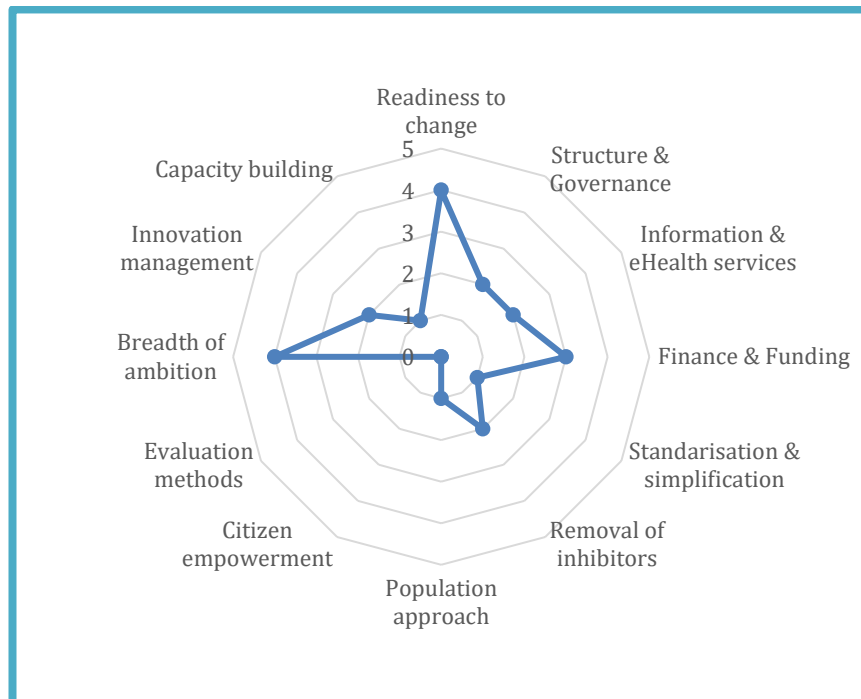


Figure 12: Maturity requirements for “Care process for schizophrenia and schizophrenia-like state”

The “Care process for schizophrenia and schizophrenia-like state” Good Practice is being implemented in a local level in Gällivare. The objective of this Good Practice is to create structure and collaboration between welfare, health and medical care providers.

The outcomes of the self-assessment process show an average maturity score of 1.83, with a maximum score of 4 for the dimensions Breadth of ambition and Readiness to change. In contrast, a minimum score of 0 was assessed for the dimension Evaluation methods.

The outcomes of the self-assessment process thus highlight that the most critical requirements for the transferability and scaling up of this Good Practice are Breadth of ambition and Readiness to change. Specifically, these are the existence of leadership, vision and plan for integration of health and social care services clearly communicated with the public.

6.2.1.2 Distance spanning healthcare

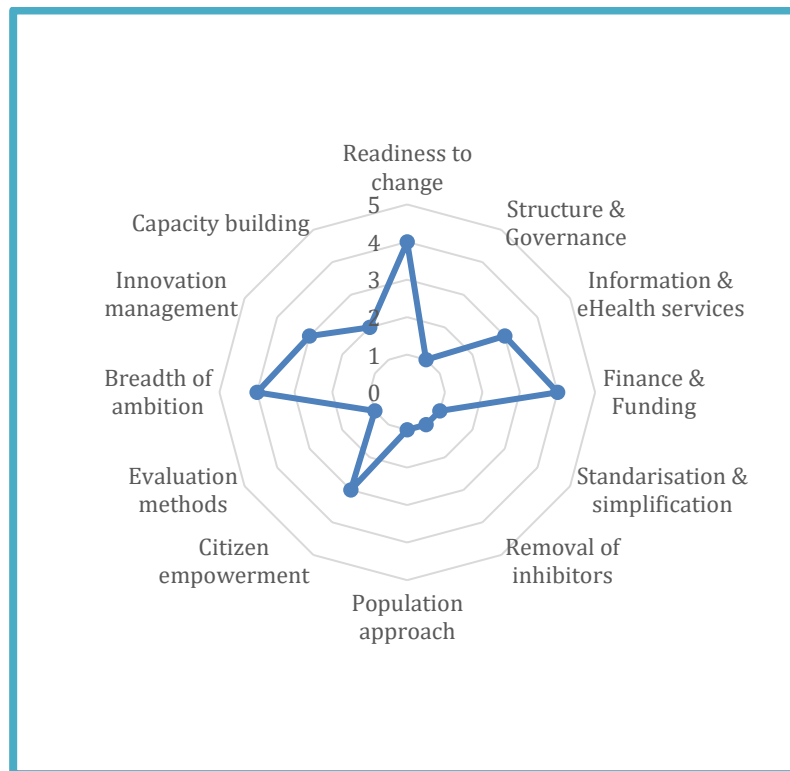


Figure 13: Maturity requirements for “Distance Spanning Healthcare”

The “Distance spanning healthcare” Good Practice is being implemented at a regional level in Norrbotten in Sweden. The objective of this Good Practice is to create new ways of working and new methods of providing health care for both planned visits and acute assessments.

The outcomes of the self-assessment process show an average maturity score of 2.33, with a maximum score of 4 for the dimensions of Finance & Funding, Breadth of ambition and Readiness to change. In contrast, a minimum score of 1 was assessed for the dimensions of Structure & Governance, Standardisation & Simplification, Removal of inhibitors, Population approach and Evaluation methods.

The outcomes of the self-assessment process thus highlight that the most critical requirements for the transferability and scaling up of this Good Practice are Finance & Funding, Breadth of ambition and Readiness to change. Specifically, these are the existence of leadership, vision and plan for integration of health and social care services, supported by dedicated budget accessible by all stakeholders involved.

6.2.1.3 Shoulder rehabilitation via distance technology

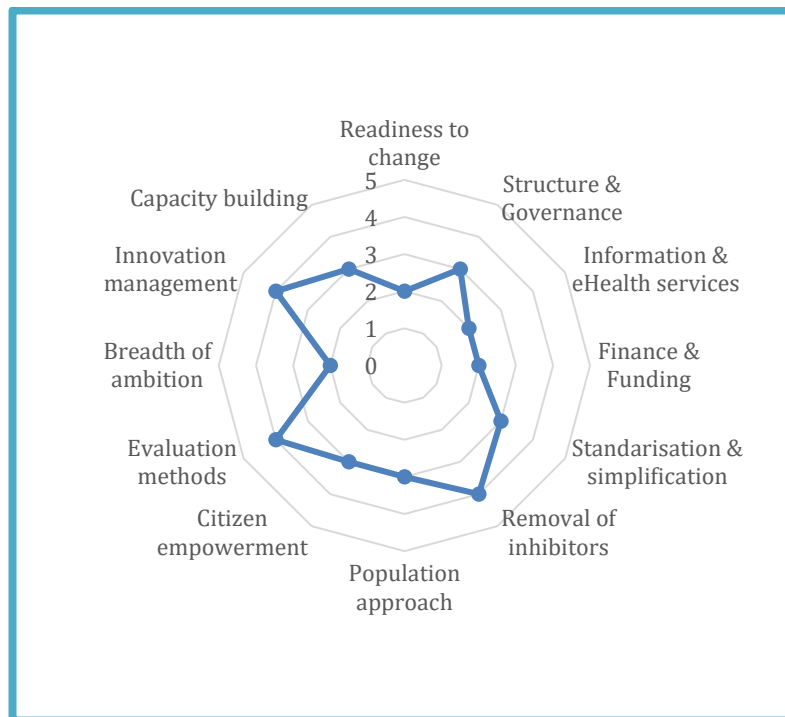


Figure 14: Maturity requirements for “Shoulder rehabilitation via distance technology”

The “Shoulder rehabilitation via distance technology” Good Practice is being implemented at a regional level in Norrbotten in Sweden. The objective of this Good Practice is to improve the rehabilitation process in home following a shoulder surgery.

The outcomes of the self-assessment process show an average maturity score of 2.92, with a maximum score of 4 for the dimensions of Removal of inhibitors, Evaluation methods and Innovation management. In contrast, a minimum score of 2 was assessed for the dimensions of Information & eHealth services, Finance & Funding, Breadth of ambition and Readiness to change.

The outcomes of the self-assessment process thus highlight that the most critical requirements for the transferability and scaling up of this Good Practice are Removal of inhibitors, Evaluation methods and Innovation management. Specifically, these are the existence of solutions to remove inhibitors (financial, legal, organisation and other), systematic approach to evaluation for some integrated care initiatives and formalised innovation management processes in place.

6.2.2 Second assessment (2018)

6.2.2.1 Care process for schizophrenia and schizophrenia-like state

The spider diagram below shows the maturity requirements of the “Care process for schizophrenia and schizophrenia-like state” Good Practice.



Figure 15: Maturity requirements of the Good Practice

Scores and features required for the adoption of the Good Practice

Dimension	Score	Features
Readiness to Change	1	Clear vision or strategic plan.
Structure & Governance	2	A strategy for scaling-up the local Good Practice.
eHealth Services	2	Use of electronic plans for coordinated health care and services between hospital, primary care and municipalities.
Standardisation & Simplification	2	National standards for working with integrated care with this target group of mentally ill patients.
Funding	1	Prioritisation of funding for mental health on a regular basis.
Removal of inhibitors	1	A systematic approach for removal of inhibitors.
Population Approach	2	Risk stratification for a pilot project.
Citizen Empowerment	2	Tools and incentives for citizen involvement.
Evaluation Methods	1	Evaluation of the pilot projects.
Breadth of Ambition	3	Coordination of services between primary and secondary care.
Innovation Management	2	Formal innovation management in place.
Capacity Building	2	Person-centred health care for the target group in the whole region.

The maturity requirements of the Care process for schizophrenia and schizophrenia-like state” Good Practice have an average score of 1.75. The consensus method has introduced some changes to the individual scores of the experts in all dimensions of SCIROCCO tool.

The dimensions that had greater variability in the individual assessments were “Structure & Governance”, “Innovation Management” and “Capacity Building”.

6.2.2.2 Distance spanning healthcare

The spider diagram below shows the maturity requirements of the “Distance spanning healthcare” Good Practice.



Figure 16: Maturity requirements of the Good Practice

Scores and features required for the adoption of the Good Practice

Dimension	Score	Features
Readiness to Change	4	A clear leadership. Alignment of the Good Practice with the general vision of policy makers and professionals involved. A formalised plan. A public pressure for change.
Structure & Governance	4	A roadmap for a change programme defined; accepted by all stakeholders involved. Strategy and execution plan committed prior to the start of the project.
eHealth Services	4	eHealth services to support integrated care are deployed widely at a large scale.
Standardisation & Simplification	3	A recommended set of agreed technical standards at regional/national level. Some shared procurements of new systems at regional/national level. Some large-scale consolidations of ICT underway.
Funding	3	Regional/national (or European) funding. Investment for ICT is provided on an annual basis.
Removal of inhibitors	3	Implementation plan and process for removing inhibitors is implemented locally.
Population Approach	3	Analysis of specific target groups was performed prior to the planning activities.
Citizen Empowerment	4	Citizens' have the possibility to participate in the whole health and care planning process.

		Plans exist to motivate and support citizens to co-create healthcare services and use these services to participate in decision-making processes about their own health.
Evaluation Methods	3	Service usage is monitored. Some integrated care initiatives and services are evaluated as part of a systematic approach.
Breadth of Ambition	3	Services between primary and secondary care have been integrated.
Innovation Management	3	Innovation management process is mainly partially implemented.
Capacity Building	3	Learning about integrated care is underway not fully deployed on a regional level.

The maturity requirements of the “Distance spanning healthcare” Good Practice have an average score of 3.33. The consensus method has introduced some changes to the individual scores of the experts in all dimensions of the SCIROCCO tool with the exception of the dimensions of “Standardisation & Simplification” and “Capacity Building”, where stakeholders scored 3 across all the dimensions. The dimensions that had greater variability in the individual assessments were “Finance & Funding”, “Innovation Management” and “Capacity Building”.

6.2.2.3 Shoulder rehabilitation via distance technology

The spider diagram below shows the maturity requirements of the “Shoulder rehabilitation via distance technology” Good Practice.



Figure 17: Maturity requirements of the Good Practice

Scores and features required for the adoption of the Good Practice

Dimension	Score	Features
Readiness to Change	3	Vision or plan embedded in policy. Leaders and champions emerging. Access to everyday technology such as Internet (Broadband) and computer.

Structure & Governance	3	Governance established at a regional or national level. ICT solution is implemented and funded.
eHealth Services	3	Health care providers have knowledge about the ICT solution and digital skills.
Standardisation & Simplification	2	An ICT infrastructure that supports the use of the technical solution in the health care organisation.
Funding	4	Secured funding at a regional level.
Removal of inhibitors	4	Inhibitors removed during the piloting testing period.
Population Approach	3	A risk stratification used for a specific group (those who have had a specific shoulder surgery and who are living long distance from a specialist clinic).
Citizen Empowerment	5	Citizens have the possibility to get knowledge and can be fully engaged in the decision-making process of their rehabilitation.
Evaluation Methods	5	Systematic and detailed evaluation of the Good Practice.
Breadth of Ambition	3	Interfaces that works across organisations boundaries.
Innovation Management	4	Support for the new way of work, when changes are implemented.
Capacity Building	3	Develop, test and implement new way of health and social care provision.

The maturity requirements of the “Shoulder rehabilitation via distance technology” Good Practice have an average score of 3.5. The consensus method has introduced some changes to the individual scores of the experts in all dimensions of the SCIROCCO tool. The dimensions that had greater variability in the individual assessments were “Evaluation Methods”, “Innovation Management” and “Capacity Building”.

6.2.3 Key findings of the Norrbotten’s assessments process

Comparing the assessment outcomes of 2016 and 2018 of the “Care process for schizophrenia and schizophrenia-like state” Good Practice:

- 5 dimensions scored higher in 2018
- 3 dimensions scored equally
- 4 dimensions scored lower in 2018

The most striking are the differences between the dimensions “Readiness to Change” and “Finance & Funding”. The respondent scored the “Readiness to Change” dimension with a 4 in the first assessment (2016), and the group of experts scored it 1 in the second assessment (2018). Regarding “Finance & Funding”, the respondent scored 3 in the first assessment (2016), and the group of experts scored it 1 in the second assessment (2018).

Comparing the assessment outcomes of 2016 and 2018 of the “CKD integrated-care” Good Practice:

- 6 dimensions scored higher in 2018
- 5 dimensions scored equally
- 1 dimension scored lower in 2018

Comparing the assessment outcomes of 2016 and 2018 of the “RMHF” Good Practice:

- 7 dimensions scored higher in 2018
- 3 dimensions scored equally
- 2 dimensions scored lower in 2018

The most striking are the differences between the dimensions “Finance & Funding” and “Citizen Empowerment”. The respondent scored the “Finance & Funding” dimension with 2 in the first assessment (2016), and the group of experts scored it 4 in the second assessment (2018). Regarding “Citizen Empowerment”, the respondent scored 3 in the first assessment (2016), and the group of experts scored it 5 in the second assessment (2018).

During the project period, the Good Practices have been broadened and developed in Norrbotten Region. A refinement of the Tool, as well as its improved stakeholders’ understanding, has contributed to more robust assessments based on evidence and practical knowledge.

The participants found the online questionnaire easy to use and highlighted the usefulness of the demo video on how to apply Tool for the assessment of maturity requirements of Good Practices extremely useful. The participants concluded that some dimensions of the Tool sometimes tend to overlap each other. At the same time, it would be difficult to separate the dimensions as they were dependent on each other, in practice.

The spider diagram was also perceived as very informative since it provided a good picture of the maturity requirements of the Good Practices. It was an easy to do process which did not require a lot of human resources.